UPSC CMS 2025 PAPER 1

General Medicine (Questions 1–96)

1. Which of the following heart sounds are best heard with the bell of stethoscope ?

I. Opening snap

II. Systolic click

III. Third heart sound

IV. Mid diastolic murmur

Select the correct answer using the code given below:

(a) I and IV

(b) II and III only

(c) III and IV

(d) I, II and III

2. Consider the following statements for diagnosing ventricular aneurysm in a patient with recent myocardial infarction:

I. Paradoxical impulse on chest wall

II. Persistent ST elevation on ECG

III. Unusual bulge from cardiac silhouette on X-ray

IV. Presence of pulsus paradoxsus

Which of the above are correct?

(a) I and II only

(b) I and IV

(c) I, II and III

(d) II, III and IV

3. Which one of the following statements is correct for subcutaneous nodules in Rheumatic fever?

(a) They are present over flexor aspect of forearm

(b) They are painful tender nodules

(c) The usual size of these nodules is 3-5 cm

(d) They typically appear more than 3 weeks after onset of other clinical manifestations

4. Which one of the following is correct with regard to Carey Coombs murmur?

(a) Soft systolic murmur due to mitral regurgitation

(b) Soft mid-diastolic murmur due to mitral valvulitis

(c) Harsh early diastolic murmur due to aortic regurgitation

(d) Blowing late systolic murmur due to aortic stenosis

5. Which of the following statements is correct regarding the Opening Snap (OS) in a patient of mitral stenosis?

(a) OS is best heard with the bell of stethoscope

(b) Intensity of OS becomes louder when the valve is calcified

(c) OS moves closer to the second sound (S2) as the stenosis becomes more severe

(d) OS is best heard at the second left intercostal space

6. Which one of the following responses to intravenous adenosine is correctly matched ?

(a) Atrial fibrillation - Termination

(b) Atrio-ventricular nodal reentrant tachycardia - Termination

(c) Ventricular tachycardia - Termination and complete recovery

(d) Atrial flutter - Termination and complete recovery

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7. Consider the following steps for using a metered dose inhaler (MDI) :

I. Incline the head backward to minimize oropharyngeal deposition

II. Remove the cap and shake the inhaler

III. Breathe out gently and place the mouthpiece into the mouth

IV. Hold the breath for 10 seconds

V. Simultaneously, begin a slow deep inspiration, depress the canister and continue to inhale

Which one of the following is the correct sequence of using MDI?

(a) III, II, I, V, IV

(b) II, I, IV, III, V

(c) II, III, I, V, IV

(d) III, I, II, IV, V

8. Under the Stepwise Approach to the management of Bronchial Asthma, which one of the following is the correct initial treatment at Step 1 for a patient diagnosed with Asthma ?

(a) Low dose inhaled corticosteroid only

(b) Low dose inhaled corticosteroid plus oral corticosteroid

(c) Low dose inhaled corticosteroid plus long acting anti-muscarinic agents

(d) Low dose inhaled corticosteroid plus leukotriene antagonist

9. A 62-year old male chronic smoker has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). On pulmonary function testing, the ratio of Forced Expiratory Volume in 1 second (FEV1) to Forced Vital Capacity (FVC) was 0.6 and FEV1 was 70% of predicted. What is the severity of airflow obstruction in this patient as per GOLD criteria ?

(a) Stage I - Mild

(b) Stage II - Moderate

(c) Stage III- Severe

(d) Stage IV - Very severe

10. Which one of the following correctly denotes the inheritance pattern of cystic fibrosis ?

(a) Autosomal Dominant

(b) Autosomal Recessive

(c) X-linked Dominant

(d) X-linked Recessive

11. Which of the following conditions are contraindications for noninvasive positive-pressure ventilation in patients with respiratory failure?

I. Craniofacial abnormalities

II. Significant burns

III. Respiratory failure with $PaCO_2$ of 60 mm Hg

IV. Cardiovascular instability

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

12. Which one of the following terms denotes the extensive sclerosis of the skin of the chest

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wall which restricts chest wall movement and is seen as a rare complication of systemic sclerosis ?

(a) Flail Chest

(b) Hidebound Chest

(c) Barrel Chest

(d) Pigeon Chest

13. Consider the following pleural fluid analysis:

PH 7.6

Pleural fluid protein 0.5 g/dL

Serum total protein 6.5 g/dL

Pleural fluid LDH 100 U/L

Serum LDH 300 U/L

What is the most likely diagnosis ?

(a) Pancreatitis

(b) Myxedema

(c) Sarcoidosis

(d) Rheumatoid arthritis

14. 'Masson Bodies' formed due to proliferation of immature collagen are a characteristic histopathological finding seen in which of the following conditions?

(a) Lymphocytic Interstitial Pneumonia

(b) Cryptogenic Organizing Pneumonia

(c) Desquamative Interstitial Pneumonia

(d) Respiratory Bronchiolitis

15. Consider the following statements regarding respiratory function in old age:

I. There is increasing ventilation-perfusion mismatch

II. There is increased ventilatory response to hypoxia and hypercapnia

III. There is a decline in maximum oxygen uptake leading to reduction in cardiorespiratory reserve

IV. There is decline in the Forced Expiratory Volume to Forced Vital Capacity ratio (FEV1/FVC) by around 0.2% per year after the forties

Which of the statements given above are correct?

(a) I, II and III

(b) I, II and IV

(c) II, III and IV

(d) I, III and IV

16. Which one of the following statements is correct in respect of pulmonary involvement in rheumatoid disease?

(a) Rheumatoid pulmonary nodules are usually asymptomatic and detected incidentally on imaging

(b) Rheumatoid pulmonary nodules are often solitary and located near hilum

(c) Pleural effusion in these patients is transudative and usually bilateral

(d) Combination of pleural effusion and pneumoconiosis in these patients is known as Caplan syndrome

17. Which one of the following conditions is a complication of bacterial pharyngitis involving extension of infection into the internal jugular veins leading to thrombosis and metastatic dispersal of the organism?

(a) Cystic Fibrosis

(b) Chronic Pulmonary Aspergillosis

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(c) Lemierre syndrome

(d) Wegener's granulomatosis

18. A 42-year old man with history of alcohol dependency presents with progressive abdominal distension. Abdominal examination reveals a shifting dullness. Which one of the following is the most appropriate drug to relieve this abdominal distension?

(a) Octreotide

(b) Propranolol

(c) Lactulose

(d) Spironolactone

19. Which one of the following is the investigation of choice for diagnosing the presence of stones in the gall-bladder?

(a) Transabdominal ultrasound

(b) Erect X ray of abdomen

(c) Capsule endoscopy

(d) Computed Tomography

20. Which one of the following biologic agents used in the treatment of inflammatory Bowel Disease acts by inhibiting the enzyme 'Janus Kinase'?

(a) Infliximab

(b) Adalimumab

(c) Vedolizumab

(d) Tofacitinib

21. Melanosis coli, which occurs due to long term consumption of stimulant laxatives, presents as brown discolouration of colonic mucosa due to deposition of which one of the following pigments?

(a) Melanin

(b) Haemosiderin

(c) Lipofuscin

(d) Haemoglobin

22. Consider the following with regard to Gilbert Syndrome:

I. Autosomal recessive trait of a mutation in gene for UDP-glucuronyl transferase enzyme

II. Elevation of unconjugated bilirubin

III. No stigmata of chronic liver disease other than jaundice

IV. Early Liver biopsy recommended in patients with possible Gilbert Syndrome

Which of the above are correct?

(a) I and II only

(b) II and III only

(c) I, II and III

(d) III and IV

23. The single most important treatment and prognostic factor in alcohol-related liver disease is

(a) N-acetyl cysteine

(b) Cessation of alcohol consumption

(c) Liver transplantation

(d) High dose vitamin E

24. A 40 year old man with a known case of chronic pancreatitis presents to the OPD with complaint of skin pigmentation over the abdomen. The patient gives a history of chronic use of a hot water bottle to relieve the abdominal discomfort. Which one of the following is the most appropriate diagnosis?

(a) Erythema infectiosum

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(b) Erythema marginatum

(c) Erythema nodosum

(d) Erythema ab igne

25. Which one of the following is correct regarding arginine vasopressin antagonist Tolvaptan?

(a) It is useful in hypovolemic hyponatremia

(b) It antagonises the V1 receptor

(c) It should be used for at least 1 year

(d) It is an oral drug

26. Which one of the following conditions is caused by mutations in the gene that encodes the sodium-potassium-2-chloride cotransporter (NKCC2), and presents with sodium wasting, hypokalaemia, hypomagnesaemia and hypercalciuria?

(a) Alport syndrome

(b) Bartter syndrome

(c) Fanconi syndrome

(d) Gitelman syndrome

27. A 52 year old male has uncontrolled diabetes. Which one of the following tests will help in early detection of nephropathy?

(a) Blood urea level

(b) Serum creatinine level

(c) Ultrasonography

(d) Urine albumin

28. Autosomal dominant mutations in which one of the following genes may cause focal segmental glomerulosclerosis associated with abnormal genitalia, Wilm's tumour and mental retardation?

(a) WT1

(b) INF2

(c) LMX1B

(d) APOLI

29. Kidney damage and Glomerular Filtration Rate (GFR) value between 15-29 mL/min/1.73 m2 are found in which stage of Chronic Kidney Disease?

(a) Stage 2 (mild)

(b) Stage 3A (mild to moderate)

(c) Stage 4 (severe)

(d) Stage 5 (kidney failure)

30. Which one of the following hereditary tubulo-interstitial kidney diseases has an autosomal recessive mode of inheritance?

(a) Medullary cystic kidney disease type 1

(b) Medullary cystic kidney disease type 2

(c) Nephronophthisis

(d) Juvenile hyperuricaemic nephropathy

31. Which of the following findings in a patient are suggestive of acute nephritis ?

I. Hematuria

II. Oliguria

III. Reduced size of both kidneys

IV. Edema

Select the correct answer using the code given below:

(a) I and III

(b) III and IV

(c) I and II only

(d) I, II and IV

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32. A 35 year old male presents with increased urine output. On evaluation, his urinary output was around 4L/day; urinary osmolality was 200 mosmol/L. Which of the following are various differential diagnosis ?

I. Psychogenic polydipsia

II. Solute diuresis

III. Central diabetes insipidus

IV. Nephrogenic diabetes insipidus

Select the correct answer using the code given below :

(a) I, III and IV

(b) I and III only

(c) II and IV

(d) I and IV only

33. Contralateral Homonymous upper quadrantanopia is the type of visual loss seen when the lesion is located at which one of the following anatomical locations?

(a) Frontal lobe

(b) Temporal lobe

(c) Parietal lobe

(d) Occipital lobe

34. Which of the following are clinical features of migraine ?

I. It is associated with dilatation of extracranial vessels

II. Common migraine is seen without Aura

III. Aura is most often visual

Select the correct answer using the code given below:

(a) I, II and III

(b) I and II only

(c) II and III only

(d) I and III only

35. A 50 year old man presents with brief episodes of lancinating unilateral facial pain, involving the buccal distribution. Pain is triggered by washing face with cold water. What is the most likely diagnosis ?

(a) Migraine

(b) Medication overuse headache

(c) Chronic paroxysmal hemicrania

(d) Trigeminal neuralgia

36. Which of the following are trigger factors for seizures?

I. Sleep deprivation

II. Missed doses of antiepileptic drugs

III. Recreational drug misuse

IV. Physical exhaustion

Select the correct answer using the code given below:

(a) II and III only

(b) I and IV only

(c) I, II and III only

(d) I, II, III and IV

37. Which one of the following childhood epileptic disorders often needs long term treatment with anti epileptic drugs?

(a) Benign neonatal seizures

(b) Febrile seizures

(c) Benign rolandic epilepsy

(d) Juvenile myoclonic epilepsy

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38. Which of the following are clinical features of Parkinson's disease?

I. Reduced eye blinking

II. Drooling of saliva

III. Soft voice

IV. Macrographia

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

39. A 35 year female presents with easy fatigability. Investigations show that Hb is 6 g%; Red cell morphology is normocytic normochromic; and reticulocyte production index is 5.5. Which one of the following conditions favours this abnormality ?

(a) Iron deficiency anemia

(b) Sideroblastic anemia

(c) Folate deficiency

(d) Intravascular hemolysis

40. A 46 year old lady on vegan diet for a decade presents with chief complaints of tingling and numbness in lower limbs for two months and a history of swaying while walking through narrow corridors. Which one of the following blood tests is advisable for diagnosis in this patient?

(a) Serum protein electrophoresis

(b) Anti-gliadin antibodies

(c) Vitamin 25(OH) D level

(d) Vitamin B12 levels

41. Which one of the following causes low-volume erythrocytosis?

(a) Polycythemia Rubra Vera

(b) Exogenous testosterone therapy

(c) Gaisbock's syndrome

(d) High altitude

42. First line therapy in chronic phase of chronic myeloid leukemia is

(a) Rituximab

(b) Thalidomide

(c) Imatinib

(d) Chlorambucil

43. With regard to management of idiopathic thrombocytopenic purpura, consider the following statements:

I. All patients with ITP with platelet count less than $100\times10^{9}/\text{L}$ should receive high dose of glucocorticoids

II. For patient with spontaneous bleeding, 40 mg of dexamethasone daily is indicated for 4 days

III. Intravenous immunoglobulin can raise the platelet count

IV. Life threatening bleeding should be treated with platelet transfusion

Which of the statements given above are correct?

(a) I, II and III

(b) II, III and IV

(c) I, III and IV

(d) I, II and IV

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44. Which of the following drugs can cause secondary weight gain?

I. Insulin

II. Propranolol

III. Orlistat

IV. Thyroxine

Select the correct answer using the code given below:

(a) I, II and IV

(b) I and III

(c) II, III and IV

(d) I and II only

45. Under which one of the following conditions, the HPA axis suppression is likely to result in crisis due to adrenal insufficiency following withdrawal of glucocorticoids?

(a) If glucocorticoids have been given by intravenous route for five days

(b) If glucocorticoids have been administered orally for one week

(c) If glucocorticoids have been prescribed repeatedly within the previous year

(d) If the dose is less than equivalent of 5 mg prednisolone per day

46. Wilson's disease has which of the following inheritance?

(a) X-linked recessive

(b) Autosomal dominant

(c) Autosomal recessive

(d) It is an acquired disease

47. Which of the following can be used for the management of severe hyperkalaemia?

I. Intravenous calcitonin

II. Intravenous sodium bicarbonate

III. Oral sodium polystyrene sulphate

IV. Intravenous calcium gluconate

Select the correct answer using the code given below :

(a) I, II and IV

(b) II, III and IV

(c) I and II only

(d) I and IV only

48. Which one of the following conditions can cause euvolaemic hyponatraemia ?

(a) Adrenocortical failure

(b) Hypothyroidism

(c) Nephrotic syndrome

(d) Burns

49. Which one among the following vectors transmits the filaria Loa Loa?

(a) Simulium

(b) Chrysops

(c) Cyclops

(d) Culicoides

50. Which of the following is the most favourable prognostic parameter in Bell's palsy?

(a) Incomplete paralysis in the first week

(b) Mild CSF lymphocytosis

(c) Denervation in EMG after 10 days

(d) Pain behind the ear

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51. Which one of the following groups of drugs is ineffective against gram positive bacteria ?

(a) Monobactams

(b) Glycopeptides

(c) Fluoroquinolones

(d) First generation cephalosporins

52. Which one of the following statements is correct regarding leprosy ?

(a) Type 1 Leprosy Reaction is also called erythema nodosum leprosum

(b) Type 2 Leprosy Reaction is an immune complex mediated syndrome called arthus phenomenon

(c) 'Lion face' appearance is seen in tuberculoid leprosy

(d) Nose is the last site of involvement in lepromatous leprosy

53. A 56 year old gardener presents with an ulcerative nodule with purulent discharge on his right index finger. He had a prick with a thorn, at the same site around a month back. Which one of the following infections is most likely?

(a) Chromoblastomycosis

(b) Mycetoma

(c) Phaeohyphomycosis

(d) Sporotrichosis

54. A 36 year old man presents with decreased apetite, mouth soreness, diarrhoea and irritability. On examination he has a bright red tongue with a pigmented scaly rash around the neck. Which one of the following food items in his diet has a bearing on his disease?

(a) Rice

(b) Wheat

(c) Corn

(d) Fish

55. Acrodermatitis enteropathica is an autosomal recessive metabolic disorder which affects the absorption of which one of the following micronutrients?

(a) Iodine

(b) Zinc

(c) Iron

(d) Selenium

56. Consider the following statements with regard to the treatment of vitamin A deficiency:

I. Repeated high doses of retinol can cause liver damage and teratogenicity

II. Acute overdose of vitamin A may lead to increased intracranial pressure and skin desquamation

III. Regular vitamin A supplementation is also recommended for pregnant women even in countries where vitamin A deficiency is not endemic

IV. Excessive intake of carotene may cause harmless orange pigmentation of the skin

Which of the statements given above are correct?

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

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57. Koebner phenomenon is seen in which one of the following conditions?

(a) Psoriasis

(b) Acne Vulgaris

(c) Bechet's disease

(d) Leprosy

58. Consider the following regarding the human hair growth cycle:

I. Anagen is a phase of active hair growth

II. Telogen is a transitional phase

III. Catagen is a resting phase

Which of the statements given above is/are correct?

(a) I only

(b) III only

(c) I and II only

(d) I, II and III

59. Consider the following statements regarding oculocutaneous albinism:

I. The disease results from genetic abnormalities leading to destruction of melanocytes

II. Type 1 albinism is due to a defect in the tyrosinase gene

III. Patients may present with poor vision, rotator nystagmus and alternating strabismus

IV. Patients are at an increased risk of sunburn or developing skin cancer

Which of the statements given above are correct?

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

60. A 42 year old man presented with recurrent oral ulcers since one year, episodes of redness of eye and genital ulcers. Which one of the following tests is of diagnostic value ?

(a) Mantoux test

(b) Drug-sensitivity test

(c) Pathergy test

(d) Patch test

61. Which of the following joints are commonly affected in osteoarthritis ?

I. First metatarsophalangeal joint

II. Proximal interphalangeal joint

III. Ankle joint

IV. 5th and 6th cervical vertebrae joint

Select the correct answer using the code given below:

(a) I and II only

(b) III and IV only

(c) I, II and IV only

(d) I, II, III and IV

62. Which of the following are causes of reversible dementia?

I. Hypothyroidism

II. Vitamin B12 deficiency

III. Dementia with lewy body

IV. Thiamine deficiency

Select the correct answer using the code given below:

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(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

63. Which of the following are clinical features of Fronto-Temporal dementia?

I. Personality change

II. Language disturbance

III. Memory may be preserved in early stages

IV. Anti-cholinesterases are the drug of choice for treatment

Select the correct answer using the code given below :

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

64. Which one of the following is the myelinating cell of Central Nervous System ?

(a) Astrocyte

(b) Microglia

(c) Schwann cell

(d) Oligodendrocyte

65. Which one of the following is the correct description of Mee's lines, seen in chronic arsenic poisoning?

(a) Transverse white lines on nails of fingers and toes

(b) Transverse red lines on the skin of palms and soles

(c) Transverse white lines on the skin of palms and soles

(d) Transverse red lines on the nails of fingers and toes

66. Fomepizole is an antidote used to treat poisoning from which of the following substances?

I. Methanol

II. Digoxin

III. Cocaine

IV. Ethylene glycol

Select the correct answer using the code given below :

(a) I and II

(b) II and III

(c) III and IV

(d) I and IV

67. The 4A Test is a screening tool for detection of delirium. Which of the following parameters are included in the 4AT tool?

I. Alertness

II. Apnoea

III. Abbreviated Mental Test (AMT4)

IV. Attention

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

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68. Which of the following combinations of lab test results is indicative of heavy alcohol consumption, with more than 60% sensitivity and specificity?

(a) Gamma glutamyl transferase $(\text{GGT}) > 35~\text{U/L}$ and alkaline phosphatase $> 45~\text{U/L}$

(b) Carbohydrate-deficient transferrin $(\text{CDT}) > 20~\text{U/L}$ and serum uric acid $< 7~\text{mg/dL}$

(c) High normal $\text{MCV} > 91~\text{fL}$ and $\text{CDT} < 20~\text{U/L}$

(d) $\text{GGT} > 35~\text{U/L}$ and $\text{CDT} > 20~\text{U/L}$

69. What is the antidote for belladonna poisoning?

(a) Physostigmine

(b) Amitriptyline

(c) Atropine

(d) Flumazenil

70. Which one of the following prevents gastrointestinal absorption of thallium?

(a) Calcium carbonate

(b) Prussian blue

(c) Penicillamine

(d) Potassium permanganate

71. A 45 year old farmer came with accidental consumption of a pesticide. He complained of frequent urination and excessive salivation. Which one of the following toxidromes is most likely to be associated with this poisoning?

(a) Serotonergic

(b) Cholinergic

(c) Adrenergic

(d) Hypnotic

72. Consider the following regarding salicylate poisoning:

I. Arterial pH of 7.25, anion gap of 18 mmol/L

II. Arterial pH of 7.25, anion gap of 10 mmol/L

III. pCO_{2} of 20 mm Hg

IV. pCO_{2} of 48 mm Hg

Which disturbance is likely to be encountered?

(a) I and III

(b) II and III

(c) I and IV

(d) II and IV

73. Which of the following statements are typical for classic heat stroke?

I. Older patient

II. Normokalemia

III. Hyponatremia

IV. Marked lactic acidosis

Select the correct answer using the code given below:

(a) I and III

(b) I and II

(c) III and IV

(d) II and IV

74. Which of the following statements are correct regarding Weil's disease?

I. It is caused by a virus named leptospira

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II. Acute kidney injury can lead to oliguria in this disease

III. Microscopic agglutination is the investigation of choice

IV. Ceftriaxone given parenterally is effective treatment

Select the correct answer using the code given below:

(a) I, II and III

(b) II, III and IV

(c) I, II and IV

(d) I, III and IV

75. Which of the following are components of SOFA scoring system ?

I. $\text{PaO}_{2}/\text{FiO}_{2}$ ratio

II. Mean arterial pressure

III. Glasgow coma scale

IV. Prothrombin Time with INR

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

76. What are the components to establish the diagnosis of Brain Death?

I. Absent brain stem reflexes

II. Apnoea in presence of elevated PCO_{2}

III. Hypothermia

IV. Irreversible and unresponsive coma

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II and IV only

77. The most common cause for non-traumatic sub-arachnoid haemorrhage is

(a) A-V malformation

(b) Saccular aneurysm rupture

(c) Extension from primary intra-cerebral haemorrhage

(d) Idiopathic

78. Peri-operative respiratory failure is an example of

(a) Type I respiratory failure

(b) Type II respiratory failure

(c) Type III respiratory failure

(d) Type IV respiratory failure

79. The murmur of mitral regurgitation is best heard at

(a) Tricuspid area

(b) Aortic area

(c) Cardiac apex

(d) Pulmonary area

80. A 28 year female presented to emergency with fever, agitation and delirium. She was on regular medication of Carbimazole 40 mg daily, but missed her doses for the last 2 days. Which of the following scoring systems would you like to do to assess severity of disease?

(a) DAS 28 score

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(b) Burch-Wartofsky score

(c) Expanded Disability Status Scale

(d) Sequential Organ Failure Assessment Score

81. Out of the following areas of brain, which area is most commonly affected on brain imaging in Wilson's disease?

(a) Cerebellum

(b) Sub-cortex

(c) Thalamus

(d) Basal ganglia

82. Which of the following are secondary iron overload conditions?

I. Transfusion related iron load

II. Thalassemia

III. Hepatitis C associated liver disease

Select the correct answer using the code given below :

(a) I, II and III

(b) I and II only

(c) II and III only

(d) I and III only

83. Which of the following are features of Alzheimer's disease?

I. It is a disorder of cerebral cortical function

II. Only short term memory is affected

III. Patients deny that there is anything wrong

IV. Depression is commonly present

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

84. Glymphatics is the lymphatic like structure of which system?

(a) Central Nervous System

(b) Respiratory

(c) Renal

(d) Gastro-intestinal

85. Which one of the following statements is correct in the diagnosis of Giardiasis?

(a) Stool sample at $2-3$ days interval should be examined for cysts

(b) String test is done to find out cysts of Giardia lamblia

(c) Jejunal biopsy samples can show presence of larvae of Giardia lamblia

(d) Cystic form of Giardia lamblia remains viable in water upto 1 week only

86. In clinical assessment of an elderly patient, 'the get up and go test' is used to evaluate which of the following?

(a) Gait and balance

(b) Cognition

(c) Driving ability

(d) Urinary incontinence

87. Treatment of first choice in acute Gout is

(a) Oral Methotrexate

(b) Oral Colchicine

(c) Allopurinol

(d) Sulfasalazine

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88. A 56 year male came with acute onset breathlessness and found to have pneumothorax. The resident doctor decided to insert intercostals drain. Which one of the following sites is suitable for such a procedure ?

(a) Hesselbach's triangle

(b) Petilis triangle

(c) Triangle of safety

(d) Triangle of auscultation

89. Which one of the following is an antidote for Rivaroxaban and Apixaban, when reversal of anticoagulation is needed due to uncontrolled bleeding?

(a) Idarucizumab

(b) Andexanet Alfa

(c) Hydroxocobalamin

(d) Glucarpidase

90. Which of the following are included in common causes of mediastinal masses in superior and anterior mediastinum?

I. Goitre

II. Thymic tumour

III. Neurogenic tumour

Select the correct answer using the code given below:

(a) I and II only

(b) II and III only

(c) I and III only

(d) I, II and III

91. Which one of the following is used to reverse the anticoagulant effects of Dabigatran ?

(a) Glucarpidase

(b) Desferrioxamine

(c) Idarucizumab

(d) Protamine

92. Which one of the following is contraindication of doing a wireless capsule endoscopy?

(a) Coeliac disease

(b) Small bowel stricture

(c) Obscure gastrointestinal bleeding

(d) Small bowel Crohn's disease

93. Which one of the following is the causative organism of Erythrasma, a mild, localized and superficial skin infection?

(a) Corynebacterium pseudo tuberculosis

(b) Corynebacterium minutissimum

(c) Corynebacterium diphthariae

(d) Corynebacterium matruchotii

94. Which one of the following is correctly matched regarding classification of portal hypertension according to site of vascular obstruction?

(a) Sinusoidal - Veno-occlusive disease

(b) Pre-hepatic presinusoidal - Portal vein thrombosis

(c) Intraheptic presinusoidal - Cirrhosis

(d) Post-hepatic post sinusoidal - Schistosomiasis

95. Which one of the following is a secondary cause of headache ?

(a) Migraine

(b) Tension-type headache

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(c) Trigeminal autonomic cephalalgia

(d) Medication overuse headache

96. A 32 year old man presents with history of recurrent jaundice over the previous decade. Family gives history of the patient having episodes of facial grimacing. Which one of the following is a clinical clue to the diagnosis?

(a) Adenoma sebaceum in the mid face

(b) Erythema nodosum on the skin

(c) Kayser-Fleisher rings in the cornea

(d) Olser's nodes at the finger tips

Pediatrics (Questions 97–120)

97. Which of the following are causes of secondary immunodeficiency in children?

I. Diphenylhydantoin

II. Severe malnutrition

III. Post-varicella state

IV. Nephrotic syndrome

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

98. Which of the following statements are correct regarding vaccination routes for children?

I. Hepatitis B vaccine given in deltoid region has reduced efficacy

II. Two vaccines may be given in the same thigh, but separated by 1 inch

III. Separate sites are used when administering a vaccine and an immunoglobulin

IV. Two intramuscular vaccines may be given on the same day but in separate limbs

Select the answer using the code given below:

(a) III only

(b) I and III

(c) II and III

(d) I and IV

99. A radiopaque density may be noticed in poisoning by which of the following agents ?

(a) Phenazopyridine

(b) Ethylene glycol

(c) Chloroquine

(d) Chloral hydrate

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100. Which of the following syndromes are caused due to genomic imprinting?

I. Rubinstein Taybi syndrome

II. Prader-Willi syndrome

III. Angelman syndrome

IV. Edward syndrome

Select the correct answer using the code given below:

(a) I and III

(b) II and III

(c) II and IV

(d) I and IV

101. As per POCSO (Protection of Children from Sexual Offences) Act 2012, sexual assault is considered aggravated when

I. the abuse involves use of physical violence

II. the abused child is disabled

III. the abuse is committed by staff of an educational institution

IV. the abuse is committed by an immediate family member/first degree relative

Which of the above are correct?

(a) I and IV

(b) I and III

(c) II and III

(d) II and IV

102. The mother of a 14-month-old normally developing baby comes to you for feeding advice. Which of the following would be appropriate for her as per the IMNCI (Integrated Management of Neonatal and Childhood Illness) Program?

I. Breastfeed as often as the child wants

II. Keep the child in your lap and feed with your own hands

III. Offer food from the family pot

IV. Give 3 to 4 meals each day

Select the correct answer using the code given below:

(a) II, III and IV

(b) I, III and IV

(c) I, II and III

(d) I, II and IV

103. For a sick child aged 4 years, which of the following are signs of "severe pneumonia or very severe disease", as per IMNCI (Integrated Management of Neonatal and Childhood Illness) Program?

I. Fast breathing (Greater than or equal to 40 breaths per minute)

II. Child vomits everything

III. Stridor in a calm child

IV. Chest indrawing

Select the correct answer using the code given below :

(a) I and II

(b) II and III

(c) III and IV

(d) II and IV

104. In a child aged $3\frac{1}{2}$ years with an ear problem which one of these situations merits urgent referral to hospital?

(a) Pus seen draining from the ear, and discharge reported for less than 14 days

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(b) Pus seen draining from the ear, and discharge reported for more than or equal to 14 days

(c) Tender swelling behind the ear

(d) Pus seen draining from both ears, irrespective of duration

105. Upto 10% of cases of Autism Spectrum Disorder (ASD) may be caused by genetic conditions. Which of the following are known to be associated with ASD?

I. Tuberous sclerosis

II. Fragile X syndrome

III. Prader-Willi syndrome

IV. Patau syndrome

Select the correct answer using the code given below :

(a) I and II

(b) I and III

(c) II and III

(d) I and IV

106. Which of the following are characteristic features of cerebral palsy?

I. Disorder of movement

II. Permanent nature

III. Progressive course

IV. Disorder of posture

Select the correct answer using the code given below :

(a) I, II and III

(b) I, II and IV

(c) II, III and IV

(d) I, III and IV

107. Which of the following are the tools used for classification of spasticity in a child with cerebral palsy?

I. Gross Motor Function Classification System

II. Medical Research Council System

III. Modified Connors Scale (Connors-II)

IV. Modified Ashworth Scale

Select the correct answer using the code given below:

(a) I and II

(b) II and III

(c) III and IV

(d) I and IV

108. Which of the following medications may be used in a child diagnosed with Attention Deficit Hyperactivity Disorder?

I. Carbamazepine

II. Methylphenidate

III. Atomoxetine

IV. Clonazepam

Select the correct answer using the code given below :

(a) I and III

(b) II and III

(c) II and IV

(d) I and IV

109. Which of the following are included as a "Deficiency" under the Rashtriya Bal Swasthya Karyakram (RBSK)?

I. Hypothyroidism

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II. Vitamin A deficiency

III. Anemia

IV. Vitamin D deficiency

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

110. Which of the following statements are correct regarding management of hyperkalemia in a child?

I. Intravenous calcium (gluconate or chloride) is given to enhance cellular uptake of potassium

II. Beta adrenergic agonists (salbutamol or terbutaline) are used to stabilize myocardial cell membrane

III. Regular insulin and glucose given intravenously enhance cellular uptake of potassium

IV. Sodium polystyrene sulfonate enhances total body potassium elimination

Select the answer using the code given below:

(a) I and II

(b) II and III

(c) I and IV

(d) III and IV

111. Which of the following statements are correct about oral rotavirus vaccines ?

I. The storage should be at $2-8^{\circ}\text{C}$

II. The vaccine should be used within 2 hours of reconstitution or opening

III. Past history of intussusception is a contraindication

IV. The vaccine can be given if the baby has ongoing diarrhoea

Select the answer using the code given below:

(a) I and II

(b) III and IV

(c) I and III

(d) II and IV

112. A child can make a tower of 3 blocks, runs, copies his mother while sweeping and has a vocabulary of 8-10 words. His developmental age is

(a) 12 months

(b) 15 months

(c) 18 months

(d) 24 months

113. A child can ride a tricycle, copies a circle, knows name and gender. The developmental age of this child is

(a) 2 years

(b) 3 years

(c) 4 years

(d) 5 years

114. A teen boy with birth weight of 2.8 kg is born to a primigravida mother through vaginal delivery and cried immediately after birth. Which of the following statements are correct regarding his initial care after birth?

I. The baby should be initiated on breastfeeding within one hour of birth

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II. The baby should be kept in a separate area from the mother

III. The baby should be administered with 0.5 mg of vitamin K intramuscularly

IV. The baby should be thoroughly examined for congenital malformations from head to toe

Select the answer using the code given below:

(a) I and II

(b) I and III

(c) II and III

(d) I and IV

115. Which one of the following oral drugs may be used in the management of super-refractory status epilepticus?

(a) Clonazepam

(b) Clobazam

(c) Lamotrigine

(d) Topiramate

116. Which of the following statements are correct regarding the use of benzodiazepines in the initial management of status epilepticus?

I. Upto two doses may be used 5 minutes apart, if seizures are not controlled

II. For Lorazepam, only a single dose should be used, even if seizures are not controlled

III. Dose of midazolam at this stage is $1-15~\mu\text{g/kg/min}$ infusion

IV. Dose of both lorazepam and midazolam is 0.1 mg/kg

Select the answer using the code given below:

(a) I and III

(b) I and IV

(c) II and III

(d) II and IV

117. Which of the following statements are correct regarding hypernatremia in children?

I. Diabetes insipidus due to a deficiency of antidiuretic hormone (ADH) may cause hypernatremia

II. Addison disease may be associated with hypernatremia

III. Use of boiled skimmed milk can lead to hypernatremia

IV. Use of lactulose can lead to hypernatremia

Select the answer using the code given below:

(a) I, III and IV

(b) II, III and IV

(c) I, II and III

(d) I, II and IV

118. Which of the following statements are correct regarding the management of gastrointestinal bleeding in children?

I. Somatostatin or octreotide infusion should be given for at least 7 days after stoppage of initial bleeding to prevent rebleeding

II. Endoscopic Sclerotherapy (EST) involves endoscopic injection of N-butyl-2-cyanoacrylate or isobutyl-2-cyanoacrylate

III. EST has upto 90% efficacy in controlling acute bleeding

IV. Following an episode of acute variceal bleeding, all patients should receive secondary prophylaxis to prevent rebleeding

Select the answer using the code given below:

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(a) I and II

(b) I and III

(c) III and IV

(d) II and IV

119. Which of the following are advantages of endotracheal intubation, in a child requiring pediatric advanced life support?

I. Inspiratory time can be controlled

II. Positive end-expiratory pressure can be provided

III. Peak expiratory pressure can be controlled

IV. Reduced risk of aspiration of gastric contents

Select the correct answer using the code given below:

(a) I, II and III

(b) I, II and IV

(c) I, III and IV

(d) II, III and IV

120. Which of the following are causes of hypocalcemia in a child?

I. Hypomagnesemia

II. Hypophosphatemia

III. Metabolic acidosis

IV. Pseudohypoparathyroidism

Select the correct answer using the code given below :

(a) I and II

(b) II and III

(c) III and IV

(d) I and IV

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General Medicine Answers and Explanations (Questions 1–96)

Q 1. Answer: (c) III and IV Explanation: The bell detects low-pitched sounds, such as S3 (Third heart sound) and mid-diastolic murmurs. Opening snap and systolic click are high-pitched.

Q 2. Answer: (c) I, II and III Explanation: A ventricular aneurysm presents with a paradoxical impulse (bulging during systole), persistent ST elevation (usually > 2 weeks), and an unusual bulge on X-ray.

Q 3. Answer: (d) They typically appear more than 3 weeks after onset of other clinical manifestations Explanation: Rheumatic fever nodules are painless, firm, small (~0.5-2 cm), and appear late in the disease course.

Q 4. Answer: (b) Soft mid-diastolic murmur due to mitral valvulitis Explanation: The Carey Coombs murmur is a transient, soft, mid-diastolic flow murmur associated with mitral valvulitis during acute rheumatic fever.

Q 5. Answer: (c) OS moves closer to the second sound (S2) as the stenosis becomes more severe Explanation: Increasing mitral stenosis severity means left atrial pressure is higher, forcing the valve open sooner in diastole, thus shortening the S2-OS interval.

Q 6. Answer: (b) Atrio-ventricular nodal reentrant tachycardia - Termination Explanation: Adenosine is diagnostic and therapeutic for AV nodal dependent arrhythmias (like AVNRT) because it temporarily blocks the AV node, causing termination.

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Q 7. Answer: (c) II, III, I, V, IV Explanation: The correct sequence for MDI use is: Shake (II) to Exhale/Place mouthpiece (III) to Incline head (I) to Inhale/Depress canister simultaneously (V) to Hold breath (IV).

Q 8. Answer: (a) Low dose inhaled corticosteroid only Explanation: Current guidelines (GINA) for Asthma Step 1 recommend initiating a controller, typically low dose inhaled corticosteroid (ICS) monotherapy, or ICS plus formoterol (as needed).

Q 9. Answer: (b) Stage II - Moderate Explanation: GOLD Stage II (Moderate) COPD is defined by FEV1/FVC < 0.70 and 50% <= FEV1 < 80% predicted. The patient's FEV1 of 70% is in this range.

Q 10. Answer: (b) Autosomal Recessive Explanation: Cystic Fibrosis is caused by mutations in the CFTR gene and is inherited in an Autosomal Recessive pattern.

Q 11. Answer: (b) I, II and IV Explanation: Non-invasive positive-pressure ventilation (NIPPV) is contraindicated by anatomical issues (I), inability to seal (II), and cardiovascular instability/shock (IV). PaCO2 of 60 mm Hg is an indication.

Q 12. Answer: (b) Hidebound Chest Explanation: Hidebound chest is the term for extensive skin sclerosis of the chest wall, a rare and severe complication of systemic sclerosis, that restricts breathing.

Q 13. Answer: (b) Myxedema Explanation: The fluid analysis shows a transudate (PF/S Protein < 0.5 and PF/S LDH < 0.6). The alkaline pH (7.6) is consistent with Myxedema (hypothyroidism) effusion.

Q 14. Answer: (b) Cryptogenic Organizing Pneumonia Explanation: Masson Bodies (plugs of immature collagen and fibroblasts) are the characteristic histopathological finding of Cryptogenic Organizing Pneumonia (COP).

Q 15. Answer: (d) I, III and IV Explanation: Aging causes increased V/Q mismatch (I), reduced VO2max (III), and a decline in FEV1/FVC (IV). Ventilatory response to hypoxia and hypercapnia actually decreases with age (II is false).

Q 16. Answer: (d) Combination of pleural effusion and pneumoconiosis in these patients is known as Caplan syndrome Explanation: Caplan syndrome describes the finding of rheumatoid nodules in the lungs of patients who also have pneumoconiosis.

Q 17. Answer: (c) Lemierre syndrome Explanation: Lemierre syndrome is a septic condition, usually following a sore throat, characterized by thrombosis of the internal jugular vein and subsequent metastatic infection.

Q 18. Answer: (d) Spironolactone Explanation: The patient presents with ascites (shifting dullness) due to liver disease. Spironolactone is the first-line diuretic for managing ascites in cirrhosis.

Q 19. Answer: (a) Transabdominal ultrasound Explanation: Transabdominal ultrasound is the most sensitive, non-invasive, and cost-effective method for diagnosing gallstones.

Q 20. Answer: (d) Tofacitinib Explanation: Tofacitinib is a small molecule drug that acts by inhibiting the intracellular enzyme Janus Kinase (JAK).

Q 21. Answer: (c) Lipofuscin Explanation: Melanosis coli (brown discoloration of the colon from chronic laxative use) is due to the deposition of lipofuscin in macrophages.

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Q 22. Answer: (b) II and III only Explanation: Gilbert Syndrome involves elevated unconjugated bilirubin (II) and lacks signs of chronic liver disease (III). It is autosomal dominant (I is false) and biopsy is generally not recommended (IV is false).

Q 23. Answer: (b) Cessation of alcohol consumption Explanation: The most important prognostic factor for all alcohol-related liver diseases is complete abstinence from alcohol.

Q 24. Answer: (d) Erythema ab igne Explanation: The reticular skin pigmentation over the abdomen in a patient who uses a hot water bottle for pain relief is classic for Erythema ab igne (skin damage from chronic heat exposure).

Q 25. Answer: (d) It is an oral drug Explanation: Tolvaptan is an arginine vasopressin antagonist (V2 selective) and is administered as an oral drug.

Q 26. Answer: (b) Bartter syndrome Explanation: Bartter syndrome is caused by mutations in the gene encoding the NKCC2 cotransporter, leading to loop diuretic-like effects: salt wasting, hypokalaemia, hypomagnesaemia, and hypercalciuria.

Q 27. Answer: (d) Urine albumin Explanation: Urine albumin (microalbuminuria) is the earliest marker for diabetic nephropathy.

Q 28. Answer: (a) WT1 Explanation: WT1 (Wilms tumor 1 gene) mutations are associated with FSGS and congenital anomalies including Wilms tumor and abnormal genitalia (e.g., Denys-Drash syndrome).

Q 29. Answer: (c) Stage 4 (severe) Explanation: CKD Stage 4 (Severe) is defined by a GFR range of 15-29 mL/min/1.73 m2.

Q 30. Answer: (c) Nephronophthisis Explanation: Nephronophthisis is the most common hereditary tubulo-interstitial kidney disease and has an Autosomal Recessive mode of inheritance.

Q 31. Answer: (d) I, II and IV Explanation: Acute nephritis is characterized by inflammation causing glomerular damage, resulting in hematuria (I), reduced GFR leading to oliguria (II), and fluid retention/hypertension leading to edema (IV).

Q 32. Answer: (a) I, III and IV Explanation: Polyuria (>= 4 L/day) with very dilute urine (osmolality 200 mosmol/L) suggests CDI (III), NDI (IV), or primary polydipsia (I). Solute diuresis (II) typically results in higher urine osmolality.

Q 33. Answer: (b) Temporal lobe Explanation: Lesions in the Meyer's loop of the Temporal lobe cause a contralateral superior quadrantanopia ('pie in the sky').

Q 34. Answer: (c) II and III only Explanation: Common migraine (without aura) is the most frequent type (II), and the aura is most often visual (III). Migraine is complex, involving vasoconstriction (prodrome) and subsequent vasodilation (headache phase), but II and III are primary clinical facts.

Q 35. Answer: (d) Trigeminal neuralgia Explanation: Trigeminal neuralgia presents as brief, lancinating unilateral facial pain triggered by light touch or stimuli like washing the face.

Q 36. Answer: (d) I, II, III and IV Explanation: All listed factors—sleep deprivation (I), missed antiepileptics (II), drug misuse (III), and physical exhaustion (IV)—are common triggers for seizures.

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Q 37. Answer: (d) Juvenile myoclonic epilepsy Explanation: Juvenile myoclonic epilepsy (JME) almost always requires lifelong treatment due to a high rate of relapse upon drug withdrawal, unlike the other generally self-limiting epilepsies.

Q 38. Answer: (a) I, II and III Explanation: Clinical signs of Parkinson's disease include: masked facies due to reduced eye blinking (I), drooling of saliva (II), and hypophonia (soft voice) (III). The handwriting sign is typically micrographia, not macrographia (IV is false).

Q 39. Answer: (d) Intravascular hemolysis Explanation: Anemia (Hb 6 g%) that is normocytic/normochromic with a high reticulocyte production index (5.5) suggests a robust bone marrow response to severe RBC destruction, which is typical of hemolytic anemia.

Q 40. Answer: (d) Vitamin B12 levels Explanation: A long-term vegan diet is the primary risk factor for Vitamin B12 deficiency, which causes the neurological symptoms of tingling, numbness, and gait instability (subacute combined degeneration).

Q 41. Answer: (c) Gaisbock's syndrome Explanation: Gaisbock's syndrome (Relative Polycythemia) is characterized by a low plasma volume leading to high hematocrit, but the actual red cell mass is normal or near normal (low-volume erythrocytosis).

Q 42. Answer: (c) Imatinib Explanation: Imatinib (a tyrosine kinase inhibitor) is the standard first-line therapy for the chronic phase of Chronic Myeloid Leukemia (CML).

Q 43. Answer: (b) II, III and IV Explanation: ITP management for bleeding includes high-dose steroids (II), IVIG (III) to temporarily raise platelets, and platelet transfusion only for life-threatening bleeding (IV). Glucocorticoids are not indicated for all patients with platelets < 100 x 10^9/L (I is false).

Q 44. Answer: (d) I and II only Explanation: Insulin (I) and Propranolol (a beta-blocker) (II) are frequently associated with drug-induced weight gain.

Q 45. Answer: (c) If glucocorticoids have been prescribed repeatedly within the previous year Explanation: Repeated courses of glucocorticoids within the past year are a major risk factor for HPA axis suppression and subsequent adrenal crisis upon withdrawal.

Q 46. Answer: (c) Autosomal recessive Explanation: Wilson's disease is a genetic disorder of copper metabolism caused by a mutation in the ATP7B gene, inherited in an Autosomal Recessive pattern.

Q 47. Answer: (b) II, III and IV Explanation: IV Calcium Gluconate (IV) stabilizes the cardiac membrane; IV Sodium Bicarbonate (II) shifts K+ intracellularly; and Oral Sodium Polystyrene Sulphate (III) facilitates K+ elimination.

Q 48. Answer: (b) Hypothyroidism Explanation: Euvolaemic hyponatremia (normal sodium/water status but diluted serum) can be caused by the impaired free water excretion seen in severe Hypothyroidism (as well as SIADH and adrenal insufficiency).

Q 49. Answer: (b) Chrysops Explanation: The vector for the filarial worm Loa Loa (African eye worm) is the deer fly (Chrysops).

Q 50. Answer: (a) Incomplete paralysis in the first week Explanation: The single most important factor predicting full recovery in Bell's Palsy is the presence of incomplete paralysis at presentation.

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Q 51. Answer: (a) Monobactams Explanation: Monobactams (Aztreonam) have activity primarily against aerobic Gram-negative bacteria and are inactive against Gram-positive bacteria.

Q 52. Answer: (d) Nose is the last site of involvement in lepromatous leprosy Explanation: In lepromatous leprosy, the cool areas are affected first; the nose is affected early, but severe destruction and involvement leading to cosmetic changes are often considered late events.

Q 53. Answer: (d) Sporotrichosis Explanation: A chronic ulcerating nodule with discharge following a thorn prick (occupational exposure of a gardener) is the classic presentation of Sporotrichosis.

Q 54. Answer: (c) Corn Explanation: The symptoms (Dermatitis, Diarrhea, Dementia/Irritability - the 3 Ds) plus the pigmented rash around the neck are classic for Pellagra, caused by Niacin deficiency. A diet based heavily on Corn (maize) is a major risk factor.

Q 55. Answer: (b) Zinc Explanation: Acrodermatitis enteropathica is a genetic disorder resulting in impaired intestinal absorption of Zinc.

Q 56. Answer: (b) I, II and IV Explanation: High doses of Vitamin A are hepatotoxic and teratogenic (I). Acute overdose causes raised intracranial pressure (II). Excessive carotene intake causes harmless orange skin pigmentation (IV). Routine supplementation in pregnant women is only recommended in endemic areas (III is false).

Q 57. Answer: (a) Psoriasis Explanation: The Koebner phenomenon (lesions appearing at sites of trauma) is most famously associated with Psoriasis.

Q 58. Answer: (a) I only Explanation: Anagen (I) is the phase of active hair growth. Catagen is transitional, and Telogen is the resting phase.

Q 59. Answer: (d) II, III and IV Explanation: Oculocutaneous albinism is due to defective melanin production (I is false). Type 1 is linked to the tyrosinase gene (II). Ocular findings (III) and increased risk of skin cancer (IV) are core features.

Q 60. Answer: (c) Pathergy test Explanation: The triad of recurrent oral/genital ulcers and eye inflammation suggests Behçet's disease. The Pathergy test is a supportive diagnostic tool.

Q 61. Answer: (c) I, II and IV only Explanation: OA commonly affects the PIP (II), DIP, 1st MTP (I), knees, hips, and the cervical/lumbar spine (IV). The ankle (III) is typically spared unless previously injured.

Q 62. Answer: (b) I, II and IV Explanation: Reversible causes of dementia include deficiencies (Vitamin B12, Thiamine) and metabolic disorders (Hypothyroidism). Dementia with Lewy Bodies is non-reversible.

Q 63. Answer: (a) I, II and III Explanation: Fronto-Temporal Dementia (FTD) presents with early, prominent personality changes (I) and/or language disturbance (II). Memory is often preserved early (III). Cholinesterase inhibitors (IV) are ineffective/harmful.

Q 64. Answer: (d) Oligodendrocyte Explanation: Oligodendrocytes are the cells that form the myelin sheath around axons in the Central Nervous System (CNS).

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Q 65. Answer: (a) Transverse white lines on nails of fingers and toes Explanation: Mee's lines are horizontal white striations on the nails, classically seen after arsenic or thallium poisoning.

Q 66. Answer: (d) I and IV Explanation: Fomepizole inhibits alcohol dehydrogenase and is the specific antidote for Methanol (I) and Ethylene glycol (IV) poisoning.

Q 67. Answer: (c) I, III and IV Explanation: The 4AT (4 A's Test) screens for delirium using Alertness (I), Abbreviated Mental Test (AMT4) (III), Attention (IV), and Acute change/fluctuation.

Q 68. Answer: (d) GGT > 35 U/L and CDT > 20 U/L Explanation: Combining elevated Gamma Glutamyl Transferase (GGT) and Carbohydrate-Deficient Transferrin (CDT) significantly increases the sensitivity and specificity for diagnosing chronic heavy alcohol consumption.

Q 69. Answer: (a) Physostigmine Explanation: Belladonna causes anticholinergic poisoning; Physostigmine is the specific centrally acting antidote.

Q 70. Answer: (b) Prussian blue Explanation: Prussian blue is an oral agent that binds to Thallium in the gastrointestinal tract, preventing its absorption.

Q 71. Answer: (b) Cholinergic Explanation: The symptoms (excessive salivation, frequent urination) in a farmer suggest organophosphate (pesticide) poisoning, which causes a Cholinergic toxidrome.

Q 72. Answer: (a) I and III Explanation: Salicylate poisoning causes a mixed acid-base disorder: Anion Gap Metabolic Acidosis (I) and Respiratory Alkalosis (leading to low pCO2, III).

Q 73. Answer: (a) I and III Explanation: Classic Heat Stroke affects older patients (I) and often leads to dehydration and salt loss resulting in Hyponatremia (III). Lactic acidosis (IV) is more typical of Exertional Heat Stroke.

Q 74. Answer: (b) II, III and IV Explanation: Weil's disease (severe Leptospirosis) causes AKI (II), is best diagnosed by MAT (III), and is treated with antibiotics like Ceftriaxone (IV). It is caused by the Leptospira bacterium (I is false).

Q 75. Answer: (c) I, III and IV Explanation: The SOFA score components are Respiration (PaO2/FiO2 - I), Coagulation (INR - IV), CNS (GCS - III), Liver, Cardiovascular, and Renal.

Q 76. Answer: (b) I, II and IV Explanation: The clinical criteria for Brain Death include: Irreversible Coma (IV), Absent Brain Stem Reflexes (I), and a positive Apnoea Test (no respiratory effort despite elevated pCO2) (II).

Q 77. Answer: (b) Saccular aneurysm rupture Explanation: The majority of non-traumatic Sub-arachnoid Haemorrhages (SAH) are caused by the rupture of a Saccular (berry) Aneurysm.

Q 78. Answer: (d) Type IV respiratory failure Explanation: Type IV respiratory failure is defined as respiratory failure secondary to a state of shock or low cardiac output, which is common in the peri-operative setting.

Q 79. Answer: (c) Cardiac apex Explanation: The holosystolic murmur of mitral regurgitation is loudest at the Cardiac Apex and often radiates to the axilla.

Q 80. Answer: (b) Burch-Wartofsky score Explanation: The patient presents with classic signs of thyroid storm (fever, delirium, missing anti-thyroid meds). The Burch-Wartofsky

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score is used to assess the probability and severity of this condition.

Q 81. Answer: (d) Basal ganglia Explanation: The Basal Ganglia (specifically the lenticular nucleus/putamen) are the areas most commonly affected by copper deposition in the brain in Wilson's disease.

Q 82. Answer: (a) I, II and III Explanation: Secondary iron overload is acquired (not hereditary hemochromatosis) and is often caused by transfusion (I), chronic conditions requiring transfusions like Thalassemia (II), or some chronic liver diseases like Hepatitis C (III).

Q 83. Answer: (c) I, III and IV Explanation: Alzheimer's is a cortical disorder (I). Patients often exhibit denial/anosognosia (III) and depression (IV). Both short and long-term memory are affected, making II false.

Q 84. Answer: (a) Central Nervous System Explanation: The Glymphatic system is the recently described lymphatic-like clearance system for the Central Nervous System (CNS).

Q 85. Answer: (a) Stool sample at 2-3 days interval should be examined for cysts Explanation: Due to the intermittent shedding of Giardia cysts, examination of multiple stool samples over several days maximizes the diagnostic yield.

Q 86. Answer: (a) Gait and balance Explanation: The "Get Up and Go Test" or Timed Up and Go (TUG) is a simple, effective measure of a patient's gait, balance, and mobility.

Q 87. Answer: (b) Oral Colchicine Explanation: For an acute attack of Gout, first-line therapy includes NSAIDs, corticosteroids, or Oral Colchicine. Allopurinol is for prophylaxis.

Q 88. Answer: (c) Triangle of safety Explanation: For safe intercostal drain insertion (for pneumothorax), the drain should be placed within the Triangle of Safety.

Q 89. Answer: (b) Andexanet Alfa Explanation: Andexanet Alfa is the specific reversal agent (antidote) for the Factor Xa inhibitors Rivaroxaban and Apixaban.

Q 90. Answer: (a) I and II only Explanation: The common masses in the Anterior Mediastinum are often remembered by the '4 Ts': Thymoma (II), Thyroid/Goitre (I), Teratoma, and Terrible Lymphoma.

Q 91. Answer: (c) Idarucizumab Explanation: Idarucizumab is the specific monoclonal antibody fragment used to reverse the anticoagulant effects of Dabigatran.

Q 92. Answer: (b) Small bowel stricture Explanation: Wireless capsule endoscopy is strictly contraindicated by known or suspected small bowel stricture due to the high risk of capsule retention.

Q 93. Answer: (b) Corynebacterium minutissimum Explanation: Erythrasma is a superficial skin infection caused by the bacterium Corynebacterium minutissimum.

Q 94. Answer: (b) Pre-hepatic presinusoidal - Portal vein thrombosis Explanation: Pre-hepatic presinusoidal portal hypertension is caused by resistance to flow before the sinusoids, with the most common cause being Portal vein thrombosis.

Q 95. Answer: (d) Medication overuse headache Explanation: Medication Overuse Headache (MOH) is classified as a Secondary Headache, as it is a consequence of chronic drug use.

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Q 96. Answer: (c) Kayser-Fleisher rings in the cornea Explanation: Jaundice (liver disease) plus facial grimacing (neurological/basal ganglia symptoms) strongly suggests Wilson's Disease. The classic clinical sign is the Kayser-Fleischer ring in the cornea.

Pediatrics Answers and Explanations (Questions 97–120)

Q 97. Answer: (d) II, III and IV Explanation: Secondary Immunodeficiency is acquired. Causes include Severe Malnutrition (II), post-viral states like Post-varicella (III), and loss of immunoglobulins in Nephrotic Syndrome (IV).

Q 98. Answer: (c) II and III Explanation: Two vaccines can be given in the same thigh (II), separated by 1 inch. Immunoglobulin and vaccine must always be given at separate sites (III).

Q 99. Answer: (c) Chloroquine Explanation: Chloroquine is one of the substances that can form radiopaque concretions visible on an abdominal X-ray.

Q 100. Answer: (b) II and III Explanation: Genomic imprinting disorders include Prader-Willi syndrome (II) and Angelman syndrome (III), both involving the same region of chromosome 15.

Q 101. Answer: (c) II and III Explanation: Under POCSO Act, assault is aggravated if the child is disabled (II) or if the perpetrator is a person in authority like a staff member of an educational institution (III).

Q 102. Answer: (d) I, II and IV Explanation: IMNCI advice for a 14-month-old includes continued breastfeeding (I), practicing active feeding (II), and providing 3-4 meals daily (IV).

Q 103. Answer: (c) III and IV Explanation: Signs of "severe pneumonia" in an IMNCI child (>= 2 months) include Stridor in a calm child (III) and Chest indrawing (IV). Fast breathing (I) is just "Pneumonia."

Q 104. Answer: (c) Tender swelling behind the ear Explanation: A tender swelling behind the ear is the clinical sign of Mastoiditis, which is an indication for urgent hospital referral.

Q 105. Answer: (a) I and II Explanation: Tuberous Sclerosis (I) and Fragile X syndrome (II) are two of the most commonly identified single-gene causes associated with Autism Spectrum Disorder (ASD).

Q 106. Answer: (b) I, II and IV Explanation: Cerebral Palsy (CP) is a non-progressive disorder affecting movement (I) and posture (IV), resulting from a non-reversible injury (Permanent - II). It is non-progressive (III is false).

Q 107. Answer: (d) I and IV Explanation: The Gross Motor Function Classification System (GMFCS) (I) classifies overall motor function in CP. The Modified Ashworth Scale (IV) is the standard tool used to grade the severity of spasticity.

Q 108. Answer: (b) II and III Explanation: Methylphenidate (II) (a stimulant) and Atomoxetine (III) (a non-stimulant SNRI) are the two main classes of pharmacological agents used to treat ADHD.

Q 109. Answer: (d) II, III and IV Explanation: The 'Deficiencies' screened by RBSK include nutritional issues: Vitamin A deficiency (II), Anemia (III), and Vitamin D deficiency (IV).

Q 110. Answer: (d) III and IV Explanation: Insulin/Glucose (III) shifts K+ intracellularly. Sodium Polystyrene Sulfonate (IV) eliminates total body potassium via the GI tract. Calcium stabilizes the cardiac membrane (I is false).

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Q 111. Answer: (c) I and III Explanation: Rotavirus vaccines must be stored at $2-8^{\circ}\text{C}$ (I). A history of Intussusception (III) is a contraindication.

Q 112. Answer: (c) 18 months Explanation: Building a tower of 3 blocks and having a vocabulary of 8-10 words are key developmental milestones achieved around 18 months.

Q 113. Answer: (b) 3 years Explanation: Milestones such as riding a tricycle, copying a circle, and knowing one's name and gender are typically achieved by 3 years of age.

Q 114. Answer: (d) I and IV Explanation: Initial newborn care for a healthy baby includes: initiating breastfeeding within one hour (I) and a complete head-to-toe examination for congenital malformations (IV).

Q 115. Answer: (b) Clobazam Explanation: Clobazam is a benzodiazepine that, unlike others, can be used orally as a maintenance treatment for drug-resistant epilepsy, including maintenance after SRSE.

Q 116. Answer: (b) I and IV Explanation: In the initial stage of status epilepticus, Benzodiazepines can be given for up to two doses, 5 minutes apart (I). The standard dose for both Lorazepam and Midazolam at this stage is 0.1 mg/kg (IV).

Q 117. Answer: (a) I, III and IV Explanation: Hypernatremia is due to water loss or sodium gain. Causes are Diabetes Insipidus (I), hyperosmolar feeds like boiled skimmed milk (III), and GI water loss from high doses of Lactulose (IV). Addison's causes hyponatremia.

Q 118. Answer: (d) II and IV Explanation: Endoscopic Sclerotherapy (EST) involves injection with an agent like cyanoacrylate (II). Secondary prophylaxis (e.g., beta-blockers) is indicated for all patients after acute variceal bleeding (IV).

Q 119. Answer: (b) I, II and IV Explanation: Advantages of ET intubation include: control of inspiratory time (I), provision of PEEP (II), and reduced risk of aspiration (IV).

Q 120. Answer: (d) I and IV Explanation: Hypomagnesemia (I) impairs PTH release and action, causing hypocalcemia. Pseudohypoparathyroidism (IV) is PTH resistance, leading to low calcium despite high PTH.

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